

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 Filing Fee: \$50.00

| FORM MUST BE TYPED I | IN BLACK) | • | | | | |
|---|---|---|--|--------------------------------|----------------------|--|
| 1. Corporate ID No | 2. Name of Corpo | | | ~~ | | |
| 115497 | | Bertman Tseckares | s Inc. | | | |
| 3. Street Address Principal B | | | City | State | 2ір | |
| 110 CANAL STREET | | BOSTON | I MA | 02114 | | |
| 4. Business Phone No. | | 5. State of Incorpor | ration | | 6. SIC Code | |
| 617-262-4354 | | MASSACHU | SETTS | | 7682 | |
| 7. Brief Description of the Ca THE PRACTICE OF A | haracter of Business Con RCHITECTURE | ducted in Rhode Island | | | | |
| 8. NAMES AND ADDR President Name | ESSES OF THE OF | ICERS ("X" BOX FO | RATTACHMENT) FILL IN | SPACES BEFORE USING AT | TACHMENTS | |
| CHARLES N. TSEC | KARES | | NONE | | | |
| Sircei Address | | | * Sircet Address | | | |
| 4 DIX STREET | | | • | | | |
| City | State | Zip | City | State | Zip | |
| WINCHESTER | MA | 01890 | • • | | į ' | |
| ecretary Name | | | Treasurer Name | • • • • • • • • • • • • • • | • • • • • • • • • | |
| MAURICE F. CHILI | • | | RICHARD J. BERTMAN | | | |
| Street Address | | · · · · · · · · · · · · · · · · · · · | ' Street Address | | | |
| 136 RAWSON ROAD | | | .159 WARD STREET | | | |
| City | State | Zip | *City | State | Zip | |
| BROOKLINE | MA | 02445 | NEWTON | MA | 02159 | |
| JAMES MCBAIN Ireel Address 23 CORDIS STREET | | | ROBERT A. BROWN -Street Address 97 WARREN AVENUE | | | |
| City | State | Zip | -City | State | Zip | |
| NAKEFIELD | MA | 01880 | BOSTON | MA | 02116 | |
| Director Name MARGARET DEUTSCH | · · <i>•</i> · <i>•</i> · · · · · · · · · · · · · · · · · · · | | Director Name DAVID HANCOCK | | | |
| ireci Address | | | ·Street Address | | | |
| POST OFFICE BOX | | | 5 RIDGEWOOD D | RIVE | | |
| City | State | Zip | .City | State | Zip | |
| BOSTON | MA | 02114 | MALDEN | MA | 02148 | |
| 10. SHARES AUTHOR | ZED ("X" BOX FOR | ATTACHMENT) | 11. SHARES ISSUED | "X" BOX FOR ATTACHMEN | ñ□ | |
| UTHORIZED SHARES | | | ISSUED SHARES | | | |
| lumber of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| 2,000 COMM NO PA | AR VALUE | | 10,000 | CLASS A | NO PAR | |
| | | | 1,000 | CLASS B | NO PAR | |
| This report must be sig | ned in ink by eithe | er the President, Vic | e President, Secretary, As | sistant Secretary, Treasu | rer, Receiver or T | |
| | | | | | | |
| 1 1 5 | 5 4 9 7 | | Under sonalty of | periury I declare and affirm (| hat I have everyized | |

File Date 2 3505

Check No. 0 5 5 8 9 5

By: 0.

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

CHARLES N. TSECKARES

Print or Type Name of Officer

PRESIDENT

Form 630 12/01

Title of Officer

CBT/Childs Bertman Tseckares Inc.

(Corporate ID No. 115497)

Annual Report for 2005

Additional Directors

Christopher Hill 3 Wolcott Avenue Andover, MA 01810

Alfred Wojciechowski 43 Halcyon Road Newton, MA 02459



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

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File Date__

Check No.

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Form 630 12/01

CHARLES N. TSECKARES

Print or Type Name of Officer PRESIDENT

Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

| (FORM MUST BE TYPED IN E | | mng 7 ce. 350.00 | | | | |
|--|------------------------------------|---|---|--------------------------------|------------------------|--|
| 1. Corporate ID No. | 2. Name of Corpo | | | | | |
| 115497 | CBT/Childs | Bertman Tseckares | Inc. | | | |
| 3. Street Address Principul Business Office | | | City | State | Zip | |
| 110 CANAL STREET | | | BOSTON | MA | 02114 | |
| 4. Business Phone No. | | 5. State of Incorpora | | | 6. SIC Code | |
| 617-262-4354 | | MASSACHUS | SETTS | 7682 | | |
| 7. Brief Description of the Churc THE PRACTICE OF ARC | acter of Business Co. HITECTURE | nducted in Rhode Island | | | | |
| 8. NAMES AND ADDRES! President Name | SES OF THE OF | FICERS ("X" BOX FOR | ATTACHMENT) FILL IN Vice President Name | SPACES BEFORE USING AT | TACHMENTS | |
| CHARLES N. TSECKAP | RES | | NONE | | | |
| Street Address | | | Street Address | | | |
| 4 DIX STREET | | | | | | |
| City WINCHESTER | State MA | Zip 01890 | City | State | Zîp | |
| Secretary Name MAURICE F. CHILDS | ctary Name | | Treasurer Name RICHARD J. BERTMAN | | | |
| Street Address | | | Street Address .159 WARD STREET | | | |
| 136 RAWSON ROAD | | | | | | |
| City | State | Zip | City | State | Zip | |
| BROOKLINE | MA | 02445 | NEWTON | MA | 02159 | |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR Director Name JAMES MCBAIN Street Address | | Director Name ROBERT A. BROWN Street Address 97 WARREN AVENUE | | | | |
| 23 CORDIS STREET | State | 17:- | | | | |
| WAKEFIELD | MA | <i>Zip</i> 01880 | •City • BOSTON | State MA | Zip | |
| Director Name MARGARET DEUTSCH | J | | Director Name DAVID HANCOCK | | , , , 02116 | |
| Sircet Address POST OFFICE BOX 32 | | | Street Address 5 RIDGEWOOD DRIVE | | | |
| City | State | Zip | .City | State | Zip | |
| BOSTON | MA | 02114 | MALDEN | AN | 102148 | |
| 10. SHARES AUTHORIZE AUTHORIZED SHARES | | | JISSUED SHARES | "X" BOX FOR ATTACHMEN | ח מ | |
| Number of Shures | Class/Series | Par Value | Number of Shares | Ciuss/Series | Par Value | |
| 12,000 COMM NO PAR | 12,000 COMM NO PAR VALUE | | 10,000 | CLASS A | NO PAR | |
| • | | | 1,000 | CLASS B | NO PAR | |
| This report must be signed | d in ink by eithe | er the President, Vice | President, Secretary, As | sistant Secretary, Treasu | rer, Receiver or Trust | |
| 1 1 5 | | | Under negative of | periury 1 declare and affirm t | that I have examined | |

CBT/Childs Bertman Tseckares Inc.

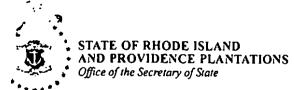
(Corporate ID No. 115497)

Annual Report for 2004

Additional Directors

Christopher Hill 3 Wolcott Avenue Andover, MA 01810

Alfred Wojciechowski 43 Halcyon Road Newton, MA 02459



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation *115497* CBT/Childs Bertman Tseckares Inc. 3. Street Address Principal Business Office State Zip 110 CANAL STREET BOSTON MA 02114-4. Business Phone No. 5. State of Incorporation 6. SIC Code **MASSACHUSETTS** 7682 7. Rijef Description of the Character of Business Conducted in Rhode Island
THE PRACTICE OF ARCHITECTURE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Charles N. Tseckares None Street Address Street Address 4 Dix Street City State City Zip State Winchester MA 01890 Secretary Name Treasurer Name Maurice F. Childs Richard J. Bertman Street Address * Street Address 71 Griggs Road .159 Ward Street City State Zip *Citv State Zip Brookline MA 02446 . Newton MA 02159 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) I FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name James McBain 'Robert A. Brown Street Address · Street Address 23 Cordis Street 97 Warren Avenue City State Zip ·City State Zip Wakefield 01880 Boston MA 02116 Director Name Director Name Margaret Deutsch David Hancock Street Address Sireei Address Post Office Box 324 5 Ridgewood Drive City State 7.ip .Ciry State Zip Boston MΑ 02114 Malden 02148 MA 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) II. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 12,000 COMM NO PAR VALUE 10,000 Class A No par 1,000 Class B No par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. *115497 FBC1/21/033:07:02 PM* 1/28 03 Check No. Charles N. Tseckares Print or Type Name of Officer President FOR SECRETARY OF

Title of Officer

CBT/Childs Bertman Tseckares Inc.

(Corporate ID No. 115497)

Annual Report for 2003

Additional Directors

Christopher Hill 3 Wolcott Avenue Andover, MA 01810

Alfred Wojciechowski 43 Halcyon Road Newton, MA 02459



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002

| (FORM MUST BE TYPED IN E | BLACK) | | | | 17.2 | |
|---|---------------------------|-------------------------------|------------------------------|--------------------------|----------------------|--|
| 1. Corporate ID No. | 2. Name of Corp. | oration | | | ` | |
| 115497 | CBT/Child | s Bertman Tseckares In | ıc. | | | |
| 3. Street Address Principal Busin | | | City | State | Zip | |
| 110 Canal Str 4. Business Phone No. | teet | 5. State of Incorpora | Boston | MA | 02114 6. SIC Code | |
| 617-262-4354 7. Brief Description of the Charac | cter of Business Conducte | MASSACHU d in Rhode Island | | | | |
| Practice of a 8. NAMES AND ADDRE | | FICERS (*X* BOX FOR A | TTACHMENT) FILL IN SPACE | S BEFORE USING ATTAC | HMENTS | |
| President Name | | | Vice President Name | | | |
| Charles N. Tseckares Street Address | | | Janis Mones Street Address | | | |
| 4 Dix Street | | | l Trow Bridge Terrace | | | |
| City | State | Zip | City | State | Zip | |
| Winchester Secretary Name | . MA | 01890 | Cambridge Treasurer Name | MA | 02138 | |
| Maurice F. Ch | ilds | | Richard J. Be Street Address | rtman | | |
| 71 Griggs Roa | d | | 159 Ward Street | | | |
| City | State | Zip | City | State | Ziρ | |
| Brookline 9. NAMES AND ADDRE | MA OF THE DO | 02446 | Newton | MA | 02159 | |
| Director Name | | THE TORIS (A BOX FOR | Director Name | CES BEFORE USING ATTA | CHMENIS | |
| James McBain Street Address | | | Robert A. Brown | w m | | |
| 23 Cordis Str | eet | | 97 Warren Ave | nue | | |
| City | State | Zip | City | State | Zip | |
| Wakefield Director Name | MA | 01880 | Boston Director Name | MA | 02116 | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 10. SHARES AUTHORIZ | ED (*X* BOX FOR AT | TACHMENT) | 11. SHARES ISSUED | (*X* BOX FOR ATTACHMENT, | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| 12,000 COMM NO PAR \ | /ALUE | | | | | |
| | | | 6,000 | Class A | No par | |
| | | | 600 | Class B | No par | |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Charles N. Tseckares

Print or Type Name of Officer

President

Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

filing Period: January 1-March 1 • Filing Fee: \$50.00

| | Address Date of D. of | O | ds Bertman Tseck | | _ | - | |
|-----------------------------------|---|--|---------------------------|---|---|----------|---------------|
| i. Street | Address Principal Business 110 Canal St | | | City Boston | State | Zip | 1211/ |
| . Busin | ess Phone No. | .1666 | 5. State of Incorporation | | MA | 6. SIC (|)2114 Code |
| | 617-262-4354 MASS | | MASSACHUSE | TTS | | 0. 3/6 | CUME |
| Brief : | Description of the Character | | r Rhode Island | | | | |
| | Practice of | Architecture | | | | | |
| | MES AND ADDRES | SES OF THE OFFI | CERS ("X" BOX FOR ATTAC | CHMENT) FILL IN SPACES I Vice President Name | BEFORE USING ATTACH | IMENTS | |
| | Charles N. 7 | ľseckares | | Janis Mones | | | |
| treet Ac | | | | Street Address | | | |
| | 4 Dix Street | • | | l Trow Bridge ' | Terrace | | |
| lity | Winchester | State MA | ^{Zip} 01890 | Cambridge | State MA | Zip | 02138 |
| cretary | Name | | | Treasurer Name | • | | |
| | Maurice F. (| Childs | | Richard J. Ber | tman | | |
| reet Ad | | | | Street Address | | | |
| | 71 Griggs Ro | ad | | 159 Ward Street | t | | |
| ity | Brookline | State MA | ^{Zip} 02446 | Newton | State MA | Zip | 02159 |
| NA | MES AND ADDRES | SES OF THE DIRE | CTORS ("X" BOX FOR AT | TACHMENT) FILL IN SPACE | S BEFORE USING ATTA | CHMENTS | • |
| lirector | | | | Director Name | | | |
| | James McBair | Į. | | Robert A. Brown | ì | | |
| treet Ac | idress 23 Cordia St | root | | Street Address 2 97 Warren Avens | | | |
| | 25 001415 50 | | 2:5 | <u>.</u> | | • | |
| 10. | ** * * * * * * | State MA | ^{Zip} 01880 | Boston | State MA | Zip | 02116 |
| ity | Wakefield | | | | | | • |
| | | | | Director Name | • | | |
| ity lirector | Name | | | | • · · · · · · · · · · · · · · · · · · · | | |
| irector | Name | State | Zip | Director Name | State | Zip | |
| irector reet Ad ity | Name | State | · | Director Name Street Address | | · | |
| irector reet Ad ity O. SH | Name Idress LARES AUTHORIZE | State | · | Director Name Street Address City 11. SHARES ISSUED (*2) | | · | ue |
| irector irect Ad ity O. SH UTHOR | Name Idress LARES AUTHORIZE | State D (*X* BOX FOR ATTA Class/Series | CHMENT) | Director Name Street Address City 11. SHARES ISSUED (*. | X* BOX FOR ATTACHMENT) | Par Val | ue Par |



FILED

MAR 19 2001

Under penalty of perjury, I declare and affirm that I have examined this report, including-any accompanying schedules and statements, and that all statements contained herein are true and correct.

FOR SECRETARY OF STATE USE ONLY

3/6/01 Signature of Officer

Charles-N. Tseckares Print or Type Name of Officer

President

Title of Office.